NOTICE OF FORM CHA		DATE 09/04/2003						
TO: County Welfare Dir	F	FROM: Forms Management Unit						
Supply Clerk / Forms Coordinator			(916) 657-1907					
☐ Community Care Licensi ☐ Private and Public Adopt		☐ District Attorney ☐ Other						
Listed below is information regarding a form change. Only applicable information is shown.								
This notice updates your Department of Social Services County Forms Catalog.								
FORM NUMBER AND TITLE AD 864 (8	3/03) - Relinquishment of	an Indian Chil	d					
ORDER UNIT MO	Free Sold				INITIAL SUPPLY SENT Yes No			
☐ New ⊠ Revised	DATE OF FORM 8/03)	REPLACES AD 864 (6/00) & AD 865 (3/01)			Obsolete			
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form								
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788								
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS								
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destro	⊠ Destroy					
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective 8/03		8/03				
USE FORM IN ACCORDANCE WITH All County Letter No.								
Other (specify)								
Additional information regarding for Attached is a Reproducible								

FORM IS NOW MASTER ONLY. UNIT OF ISSUE CHANGED TO EACH.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

RELINQUISHMENT OF AN INDIAN CHILD

In or Out-of-County

(Birth Mother/Presumed Father in California)

NAME OF TRIBE	OF TRIBE ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION							
			ending this form to an out- o take the annexed relinqu					
	On th	is day of _	, 20	,				
	th	e	E OF AGENCY	_				
			OF AGENCY accept the annexed reling					
	Hereby Sig		inor child for adoption.					
				Byauthoriz	ED AGENCY OFFICIAL			
ı	the mother/	father of		, a minor	child,			
NAME OF F	PARENT		NAME OF CHILD	, a minor	GENDER STING,			
born on	in	Y , STATE	do hereby reli	inquish and surrender	the child for adoption to			
		NAME OF A	AGENCY	()			
	AGENCY ADDRESS used by the California Departmace children in homes for ado		or authorized by Welfare a		ection 16130 to find homes			
custody, services an	at when this relinquishment is id earnings of the child and ar igning of the decree of adoption	y responsibility for the	care and support of the ch	nild will be terminated,	and the relinquishment will			
DATE	 E			SIGNATURE	OF PARENT			
The foregoing reling	guishment was signed on	by			in the presence of:			
gg	quishment was signed on	DATE	NAME O	P PARENT				
	NAME OF WITNESS		SIGNA	ATURE OF WITNESS				
	NAME OF WITNESS			SIGNATURE OF WITNESS				
STATE OF CALIFO	DRNIA -							
COUNTY OF		SS.						
On this	day of	, 20	, before me,					
	ensed by the California Depa dren and to place children in							
Tind Homes for only	aren and to place officient in	nomes for adoption, p	croonany appeared	NAME OF P	ARENT			
known to me to be relinquishment.	e the person whose name	is subscribed to this	relinquishment and acl	knowledged to me th	nat he/she executed this			
	TITLE							
	TITLE	CERTIE	ICATION	SIGNATURE OF AUTHORIZED A	AGENCY OFFICIAL			
signing of the decr	esequences of the voluntary ee of adoption were fully ex	signing of the relinqui plained in detail to ar	nd understood by the pa	rent of this Indian ch	ild. The explanation was			
SIGNATURE OF JUDGE	y representative whose signa	superior court	ırı my presence, and ın a	language understood	a by the parent.			